

Testimony in Support of S.B. 991, An Act Concerning Medicaid Reimbursement for Community Health Workers

Human Services Committee

Giselle Carlotta-McDonald

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Dear Senator Lesser, Representative Gilcrest, and respected members of the Human Services Committee,

My name is Giselle Carlotta-McDonald, and I live in Hamden, Connecticut, and I serve as Executive Director at Project Access New Haven. I stand in support of S.B. 991, An Act Concerning Medicaid Reimbursement for Community Health Workers.

Currently, Connecticut's Medicaid program does not reimburse Community Health Workers' (CHW) services or incentivize healthcare providers to work with CHWs. Community health workers effectively address inequities and promote health, particularly for low-income households served by Medicaid.

For the last 12 years, I have worked with Project Access-New Haven to help community members access to medical care and social services. Our Community Health Workers focus on connecting individuals in underserved communities with timely medical care and with resources to address health-related social needs. CHWs are connectors – they take the time to get to know their patients and understand their needs so that they can link them with appropriate and available services.

CHWs facilitate a person-centered or “whole person” approach to health care and increase access for communities that are not often reflected in the professional healthcare workforce; and they also build long-term trusted relationships with community members. However, without sustainable reimbursement, CHW positions depend on short-term grants, and the trusted relationship CHWs work hard to build with the community is constantly compromised due to lack of funding.

At Project Access, we rely heavily on grants to support our programs, so our ability to grow and even sustain our CHW services is often contingent on grant funding. And while we appreciate the grant support we receive, it can be challenging to keep up with the constant cycle of applications and reports needed to maintain our current funding level and sustain the staff and services once the grants have ended. For example, the two large federal grants that have supported most of our CHW services and staff for the past 5 years are both ending in 2023, with no renewal option.

CHWs have a high impact on health outcomes AND a high return on investment (ROI). However, as grants end, the CHW services also end, negatively impacting the individuals we serve living in historically underserved communities. Sustainable payment models would allow an increase in the CHW workforce, offering a livable wage, professional opportunities, and more diversity among health professionals.

Medicaid reimbursement for community health workers should:

- Center community and CHW voices in all stages of design and implementation
- Reimburse at rates high enough to employ CHWs at a livable wage and cover the costs of supervision, billing, and routine training
- Cover a comprehensive list of CHW services

Thank you for the opportunity to testify in support of S.B. 991, An Act Concerning Medicaid Reimbursement for Community Health Workers.

Thank you for your time and consideration,
Giselle Carlotta-McDonald